

Standard Health Matters

THE 2014 ANNUAL PUBLICATION ABOUT THE TRICARE® STANDARD BENEFIT

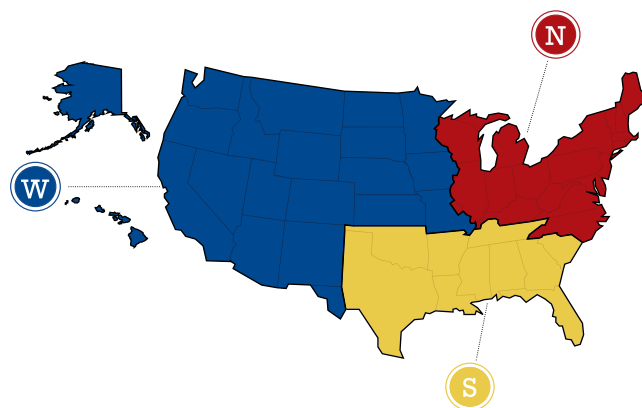
Your TRICARE Regional Contractor—Offering Help When You Need It

Your TRICARE regional contractor is a great resource to help with any questions you have about your benefit.

TRICARE has three regional contractors in the United States: Health Net Federal Services, LLC in the North Region; Humana Military in the South Region; and UnitedHealthcare Military & Veterans in the West Region. International SOS Assistance, Inc. administers the TRICARE Overseas Program benefit. Visit www.tricare-overseas.com for more information about overseas benefits. Separate contractors administer TRICARE's dental and pharmacy benefits. You can visit www.tricare.mil/dental or www.tricare.mil/pharmacy for more information.

Each regional contractor maintains a website and toll-free customer service call center to assist you with your questions and concerns about issues such as referrals and prior authorizations, appeals, claims, eligibility and fraud.

Your TRICARE regional contractor can also help you locate network and non-network health care providers. You can find contact information in the chart below. ■



TRICARE Regional Contractor Contact Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com	UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky (excluding the Fort Campbell area), Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area) and Missouri (St. Louis area)	Alabama, Arkansas, Florida, Georgia, Kentucky (Fort Campbell area only), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Texas (excluding the El Paso area)	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington and Wyoming



An Important Note About TRICARE Program Information: At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

Provider Choice under TRICARE Standard® and TRICARE Extra

As a TRICARE Standard beneficiary, you can use your TRICARE benefit without having to enroll or pay enrollment fees. TRICARE Standard and TRICARE Extra allow you to manage your own health care and give you the freedom to seek care from any TRICARE-authorized provider you choose. TRICARE-authorized providers meet TRICARE licensing and certification requirements.

As a TRICARE Standard beneficiary, you use your TRICARE Extra benefit when you see TRICARE network providers. A network provider signs an agreement with your regional contractor to provide care at a negotiated rate. Using TRICARE Extra saves you 5 percent on cost-shares. Additionally, network providers will file claims for you.

Visit www.tricare.mil/findaprovider to find network and non-network providers in your region. ■

Invite Your Provider to Become TRICARE-Authorized

If your provider is not yet TRICARE-authorized but is interested in treating TRICARE beneficiaries, let him or her know that it is not necessary to become a network provider by signing a contract with your regional contractor. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized, and TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, visit www.tricare.mil/findaprovider and click “Invite a Provider to Join TRICARE!” to download a flyer to give to your doctor. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process. ■

Take Action: Sign Up Now for eCorrespondence through MilConnect

As part of the Department of Defense’s (DoD’s) efforts to reduce health care costs and “go green” by cutting down on the use of paper, you will receive e-mail messages from the Defense Manpower Data Center directing you to milConnect to get correspondence related to your TRICARE benefit.

You should provide your e-mail address in milConnect and opt in to receive eCorrespondence so that you receive important information about your TRICARE benefit.

Up-to-date information and correspondence is always available on milConnect, so you should check back frequently.

To sign up for eCorrespondence to get these e-mail notifications:

- Log in to milConnect. A Common Access Card (CAC), Defense Finance and Accounting Services (DFAS) myPay PIN or DoD Self-Service Logon (DS Logon) is required to log in. For more information about how to access milConnect, visit <https://myaccess.dmdc.osd.mil>.
- Click on the “My Profile” menu.



- Select “Update and View My Profile.”
- Add your primary and alternate (if available) e-mail addresses.
- Select “Yes” next to each e-mail address.
- Save your information by clicking “Submit.”

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Take Action: Sign Up Now for eCorrespondence through MilConnect

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Once you are registered to receive eCorrespondence, you will get an e-mail message from milConnect each time you have a letter or other information available to read online.

To view your eCorrespondence:

- Log in to milConnect.
- Click on the “eCorrespondence” menu.
- Select “Read eCorrespondence.”

If you have any issues with accessing eCorrespondence, please refer to the Frequently Asked Questions (FAQs) to resolve your issue. You can also send an e-mail to DMDCeCorrespondence@mail.mil for assistance. Include the approximate time that you visited the eCorrespondence page in your e-mail. ■

Connect with TRICARE on Your Mobile Device

With TRICARE mobile websites and smartphone applications, or “apps,” you can take advantage of online resources, account and benefit information and educational resources from TRICARE and its contractors.

TRICARE Mobile Website

TRICARE beneficiaries worldwide can now access www.tricare.mil using mobile devices including tablets and smartphones. Simply type www.tricare.mil into your device’s browser to get information about your benefits. You can download educational materials from the SMART site, view episodes of TRICARE TV, listen to podcasts, read the latest news about TRICARE, find contact information for different regions and plans, submit benefit questions and fill out a profile to access costs, plans, referrals and other information specific to your plan.

North Region: Health Net Mobile

Beneficiaries in the TRICARE North Region have easy on-the-go access to health care information through the Health Net Federal Services, LLC (Health Net) mobile site at www.hnfs.com/go/mobile. The mobile site can be accessed on smartphones and tablets with no downloads required and is a streamlined version of www.hnfs.com.

You can quickly locate TRICARE-authorized providers and find valuable resources including Health Net contact information, behavioral health resources and answers to frequently asked questions about benefits, claims and eligibility. Also, Health Net offers an app for your smartphone called Health Net Mobile, which enables you to view details about your TRICARE benefits and find a provider.



South Region: Humana Military Mobile

Beneficiaries in the TRICARE South Region can access health care information via smartphone or other mobile device by visiting Humana Military’s mobile version of its website, Humana Military Mobile, at m.humana-military.com. You can view the site on any smartphone or other Web-enabled device. Humana Military Mobile provides you with links to several South Region services including the provider locator, urgent care center finder and eligibility and plan information.

For more information about Humana Military’s resources, visit Humana-Military.com.

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Connect with TRICARE on Your Mobile Device

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West Region: UnitedHealthcare Military & Veterans Mobile

Beneficiaries in the TRICARE West Region can access a mobile app to help live healthier lives through the UnitedHealthcare Military & Veterans (UnitedHealthcare) OptumizeMe app. OptumizeMe lets you use your mobile device to challenge other users to health and fitness goals on their smartphones, track your own progress and post the results on Facebook. Download OptumizeMe from iTunes or the Google Play store. Additionally, UnitedHealthcare has partnered with the American Heart Association to encourage you to walk for heart health. For more information, visit www.startwalkingnow.org.

TRICARE Pharmacy Program on Your Phone

Find TRICARE Pharmacy Program and drug information on the Express Scripts, Inc. (Express Scripts) mobile site at www.express-scripts.com/mobile or download the Express Rx app for iPhone or Android. With these tools, you can log in to:

- Find benefit information
- Start home delivery of your prescriptions
- Check order status

- Refill prescriptions
- Find a pharmacy
- Access information about drugs and their side effects
- Set up daily medication alerts using the reminder feature

You must be registered on the Express Scripts website before using the Express Scripts mobile site. You can register on your computer by visiting www.express-scripts.com/activate and following instructions for TRICARE beneficiaries. You can also create your Express Scripts Web account through the mobile app.

MilConnect Mobile from the Defense Manpower Data Center

You can use the milConnect website of the Defense Manpower Data Center on your mobile device to:

- Locate identification card-issuing facilities
- Find contact information for TRICARE regional contractors
- Search frequently asked questions

Visit <http://milconnect.dmdc.mil> on any smartphone or Web-enabled device. ■

Getting Prior Authorization for Care

Under TRICARE Standard, you can visit the TRICARE-authorized provider of your choice whenever you need routine, urgent, emergency or specialty care. Referrals are not required, but some services require prior authorization.

A prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. Some providers may call the regional contractor to obtain prior authorization for you. If you have questions about prior authorization requirements, visit www.tricare.mil.

The following services always require prior authorization:

- Adjunctive dental services
- Extended Care Health Option services
- Home health care services
- Hospice care



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Getting Prior Authorization for Care

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- Nonemergency inpatient admissions for substance use disorders or behavioral health care
- Outpatient behavioral health care visits to an authorized provider beyond the eighth visit per fiscal year (Oct. 1–Sept. 30) for a medically diagnosed and covered condition
- Transplants—all solid organ and stem cell procedures

This list is **not** all-inclusive. Each regional contractor has additional prior authorization requirements, which may change periodically. For more information, contact your regional contractor.

Prior authorizations specify beginning and ending dates for covered care. All authorized care must be received within the specified time frame. If further care is needed, your provider must obtain a new authorization.

Additionally, some drugs require prior authorization from Express Scripts, Inc. (Express Scripts), which administers the TRICARE pharmacy benefit.

To determine if your prescription drugs are covered under TRICARE, and for information about prior authorization and quantity limits, call Express Scripts at 1-877-363-1303. ■

Update DEERS When You Have a Major Life Change

The Defense Enrollment Eligibility Reporting System (DEERS) is the database for all active duty, National Guard and Reserve and retired service members worldwide, their family members and others who are eligible for military benefits, including TRICARE. The Department of Defense uses the information in your DEERS record to determine your eligibility for TRICARE benefits and programs, as well as your TRICARE region.

TRICARE eligibility shows in DEERS when your records are up to date. Keeping your DEERS information current helps ensure you can access TRICARE benefits including doctors' appointments, medications and claims reimbursements.

Remember to update your DEERS information regularly, especially when you have life-changing events such as moving, getting married or divorced or having a child. Only sponsors (or sponsor-appointed individuals with valid power of attorney) can add family members in DEERS. When there is a change in information, each family member's DEERS record must be updated separately. Family members age 18 and older may update their own contact information. For more information, visit www.tricare.mil/deers.

Register New Spouses and Children in DEERS

It is extremely important for sponsors to register new spouses and children in DEERS to ensure TRICARE eligibility. To register a new spouse or child in DEERS, the sponsor needs to provide a copy of the marriage or birth

certificate and/or adoption papers to the nearest uniformed services identification (ID) card-issuing facility (or DEERS representative in remote locations). To find an ID card-issuing facility, visit www.dmdc.mil/rsl. New spouses and children are also required to show two forms of ID (e.g., any combination of Social Security card, driver's license, birth certificate and/or adoption papers, current uniformed services ID card or Common Access Card).

DEERS registration must be complete before enrolling a new spouse or child in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members. Contact your regional contractor for enrollment assistance.

Update DEERS after a Divorce

Sponsors must update DEERS when there is a divorce. For information about documentation requirements, call your nearest uniformed services ID card-issuing facility. Visit www.dmdc.mil/rsl to find a facility in your area.

Former spouses who have not remarried and may be eligible for continued benefits can check with the sponsor's service to verify eligibility and what documentation is necessary.

Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit. If an ineligible former spouse continues to seek TRICARE coverage for health care services, the former spouse and/or the sponsor may have to reimburse TRICARE for those services. ■

Submitting Claims with TRICARE Standard

As a TRICARE Standard beneficiary, you may be required to submit your own claims. If you submit your own claims, you should take the following steps to help avoid late or denied payments.

For care received in the United States, claims should be submitted to the claims processor in the region where you live, not where you received care. For care received overseas, including in U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), claims should be submitted to the TRICARE Overseas Program claims processor, regardless of your home region. In the United States and U.S. territories, claims must be filed within one year from the date of service or date of inpatient discharge. Overseas, claims must be filed within three years, and you must submit proof of payment with overseas claims.

To file a claim, you must fill out a *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment* form (DD Form 2642). You can download forms from the TRICARE website at www.tricare.mil/forms or from your regional contractor’s website.

When filing a claim, attach a readable copy of the provider’s bill to the claim form, making sure it contains the following:

- Patient’s name
- Sponsor’s Social Security number (SSN) or Department of Defense Benefits Number (DBN) (eligible former spouses should use their own SSN or DBN, not the sponsor’s)
- Provider’s name and address (if more than one provider name is on the bill, circle the name of the person who provided the service for which the claim is filed)
- Date and place of each service



- Description of each service or supply furnished
- Charge for each service
- Diagnosis (if the diagnosis is not on the bill, be sure to complete block 8a on the form)

You may have to pay up front for services if you see a TRICARE-authorized non-network provider who chooses not to participate on the claim. In this case, TRICARE reimburses you for the TRICARE-allowable charge, minus any deductible and cost-share. A deductible is the amount you pay out of pocket before your health care benefit begins cost-sharing. A cost-share is the percentage of the cost of care you are responsible for paying when you visit a health care provider. You are responsible for any deductibles and cost-shares under TRICARE Standard. You should also be aware that nonparticipating providers in the United States may charge you up to 15 percent above the TRICARE-allowable charge for services in addition to your deductible and cost-share. You are responsible for this cost. For more information, visit www.tricare.mil/costs.

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Regional Claims-Processing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Send claims to: Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740	Send claims to: TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29020-7031	Send claims to: TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064
Check the status of your claim at www.myTRICARE.com or www.hnfs.com .	Check the status of your claim at www.myTRICARE.com or Humana-Military.com .	Check the status of your claim at www.uhcmilitarywest.com .

Submitting Claims with TRICARE Standard

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All three regional contractors provide lists of network and non-network providers on their websites. Remember, when you visit a TRICARE network provider, you are using your TRICARE Extra benefit, and your provider submits the claim for you. With TRICARE Extra, you will have lower out-of-pocket costs. Visit www.tricare.mil/claims for additional claims-processing information.

For overseas care, visit www.tricare-overseas.com/contactus and select the country where you received care to find the appropriate claims-filing address. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. ■

TRICARE Standard and TRICARE Extra Costs

TRICARE Standard and TRICARE Extra can be used interchangeably, and the option you use determines your out-of-pocket expense. The costs listed below are for care you receive in civilian facilities. These costs are effective for fiscal year (FY) 2014 (Oct. 1, 2013–Sept. 30, 2014) and are subject to change each year on Oct. 1. You are required to meet an annual deductible per FY for outpatient services before cost-sharing begins. For more information on costs, visit www.tricare.mil/costs. ■

Active Duty Family Members¹

Type of Care	TRICARE Standard (Non-Network Provider)	TRICARE Extra (Network Provider)
Outpatient	20% of the allowable charge	15% of the negotiated rate
Inpatient	\$17.65 per day (\$25 minimum charge)	\$17.65 per day (\$25 minimum charge)

1. Costs for families of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days are the same as for active duty family members.

Retired Service Members, Their Families and All Others

Type of Care	TRICARE Standard (Non-Network Provider)	TRICARE Extra (Network Provider)
Outpatient	25% of the allowable charge	20% of the negotiated rate
Inpatient	\$744 per day or 25% for institutional services, whichever is less, plus 25% for separately billed professional charges	\$250 per day or 25% for institutional services, whichever is less, plus 20% for separately billed professional charges

TRICARE Meets Minimum Essential Coverage under the Affordable Care Act

The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage” beginning in 2014. TRICARE meets this standard. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fees will be collected each year with tax returns. If you are losing premium-free TRICARE coverage based on a sponsor or beneficiary status change or choose not to purchase premium-based TRICARE coverage for which you may be eligible (i.e., TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or Continued Health Care Benefit Program), you can find other health care coverage options at www.healthcare.gov.

Plans that Are Minimum Essential Coverage

The following health plans are considered minimum essential coverage as required by the health care reform law. Unless you are considering other health coverage, you do not need to take any action at this time if you are covered by one of the following:

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Overseas Program (TOP) Prime
- TOP Prime Remote
- TRICARE Standard and TRICARE Extra
- TOP Standard
- TRICARE For Life
- TRICARE Reserve Select (if purchased)
- TRICARE Retired Reserve (if purchased)
- TRICARE Young Adult (if purchased)
- US Family Health Plan



The following transitional health plans also meet the minimum essential coverage requirement:

- Transitional Assistance Management Program (premium-free, 180 days)
- Continued Health Care Benefit Program (if purchased, 18–36 months)

When You Do Not Have Minimum Essential Coverage

If you are only eligible for care at military hospitals and clinics and you are not covered by any other TRICARE plan (as previously listed), you do not have minimum essential coverage. You can find other options at www.healthcare.gov. ■

TRICARE Service Center Walk-In Service No Longer Provided as of April 1

As TRICARE beneficiaries increasingly access electronic, Internet and toll-free customer service features, the need for walk-in locations has lessened. As a result, walk-in customer service at TRICARE Service Centers (TSCs) located within the 50 United States will no longer be provided as of April 1, 2014. Due to the unique needs of overseas beneficiaries, TSCs outside the United States will continue to offer walk-in service. Visit www.tricare.mil/tsc for TSC change information and to sign up for e-mail updates.

Few, if any, commercial health plans offer walk-in customer service. When TRICARE began almost 20 years ago, walk-in customer service at the TSCs was viewed as critical to the program's success. As a result, TRICARE regional contractors operate nearly 200 TSCs in the United States, with the majority at military hospitals and clinics. Now that TRICARE is a mature program and beneficiaries increasingly use more convenient Internet and toll-free phone options, continuing walk-in customer service at TSCs is no longer cost-effective. Most walk-in visits to TSCs are for enrollment, billing and general information on benefits and plans—all of which can be handled through websites,

mobile applications or toll-free call centers operated by the regional contractors.

Convenient Access to Service and Support

You can easily manage your benefits at home or on the go via secure websites. On www.tricare.mil, the “I want to ...” section allows you to:

- Enroll in or purchase a plan
- File or check a claim
- View referrals and prior authorizations
- Find a doctor
- See what's covered
- Compare plans
- Manage prescriptions

You can also ask about health care benefits, get answers to other questions, and get enrollment assistance by contacting your regional contractor. ■

Using TRICARE Standard When You Have Other Health Insurance

TRICARE is the last payer to all other health care benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service and other programs and plans identified by the Defense Health Agency.

If you have other health insurance (OHI), fill out the *TRICARE Other Health Insurance Coverage Questionnaire*, available at www.tricare.mil/forms, to help your regional contractor coordinate your benefits and ensure that your claims are not delayed or denied. Make sure to follow your OHI's rules for seeking care and filing claims. File claims with the OHI first; if there is a billed amount your OHI does not cover, you may file a claim with TRICARE for possible reimbursement. It is important to meet your OHI's requirements. If your OHI denies

a claim for not following its rules—such as obtaining care without authorization or using a non-network provider—TRICARE may also deny your claim. However, if you obtain a statement from your OHI showing the amount that the plan would have paid if the claim had met the plan's requirements, your TRICARE claim may be processed. In these cases, TRICARE will pay its share as if your OHI had paid the amount shown on the statement, as long as the claim meets TRICARE's requirements. If you do not submit such a statement, no payment from TRICARE is authorized.

For more information about using your TRICARE benefit when you have OHI, visit www.tricare.mil/ohi. ■

TRICARE Covers Services To Help Keep Kids Healthy

Regular visits to the doctor are important for your child's overall health care. These visits include tracking growth and development as well as preventing illnesses and diseases. TRICARE covers many preventive medical services including well-child visits that support the health and well-being of children from birth until reaching age 6. The well-child benefit includes routine newborn care, comprehensive health-promotion and disease-prevention exams, vision and hearing screenings, and routine immunizations and developmental assessments as recommended by the American Academy of Pediatrics.

As children grow, they may need to visit the doctor for school physicals. These annual physicals help ensure that children start the school year in good health with up-to-date vaccinations that help prevent certain illnesses and diseases. For children ages 5–11, TRICARE covers annual physicals and immunizations required for school enrollment. Keeping your child up to date with his or her immunizations is key to an integrated preventive health plan. TRICARE covers age-appropriate vaccinations, including annual flu shots, as recommended by the Centers for Disease Control and Prevention.

As a TRICARE Standard beneficiary, your child can receive well-child services, annual school physicals and immunizations for no out-of-pocket costs.

Note: TRICARE does **not** cover sports or camp physicals. If your child needs a sports or camp physical, you may be required to submit a *Request for Non-Covered Services* form to your health care provider. Completing this form shows that you know you will be paying for the non-covered service. To obtain the form, contact your regional contractor.

It is in your best interest to take an active role in verifying your family's coverage before you seek care. For more information, visit www.tricare.mil/coveredservices. You can



browse benefit information by topic in the A to Z list, and you can find links to related topics and websites. You can also learn more about health care services, costs, provider types and other information that will help you understand your benefit and access the care you need. These pages serve as a guide to your TRICARE coverage, but they are not all-inclusive. ■

TRICARE Benefit Updates

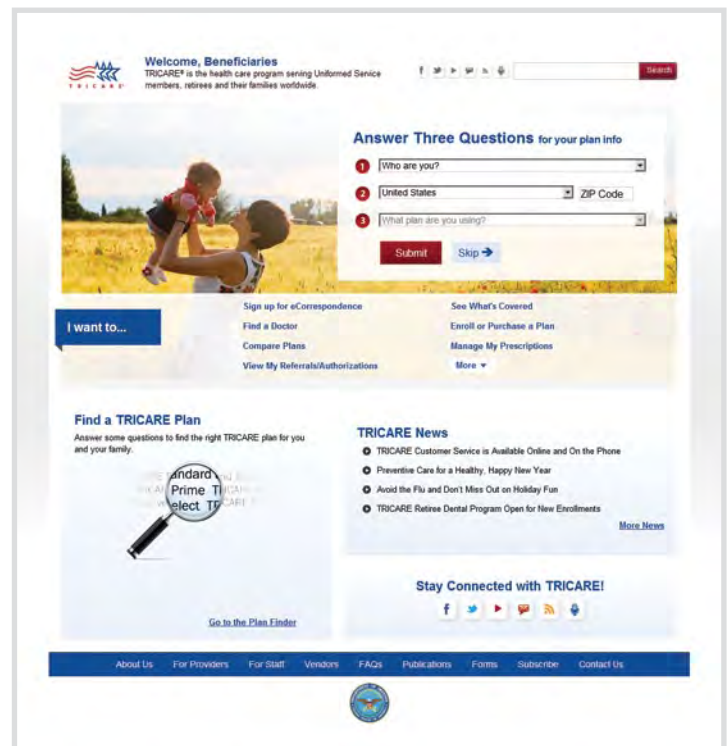
TRICARE is committed to providing you with high-quality, affordable health care choices. TRICARE honors this commitment by offering valuable new benefits and keeping you informed about changes in your coverage. Recent benefit updates are listed below. For more information, visit www.tricare.mil.

Applied Behavior Analysis Coverage Expanded

TRICARE has launched an Applied Behavior Analysis (ABA) Pilot program that offers a supplemental benefit for non-active duty family members (non-ADFM) with an autism spectrum disorder. The ABA Pilot expands ABA services for non-ADFM, such as retirees and their families, providing them with access to ABA reinforcement services. Prior to the pilot, ABA reinforcement was not available to non-ADFM. Visit www.tricare.mil/abapilot for more information.

TRICARE Covers Smoking-Cessation Medications and Counseling

To help you quit tobacco, TRICARE now covers smoking-cessation medications including prescription and over-the-counter medications. Covered smoking-cessation medications are available at no cost through military hospital or clinic pharmacies and TRICARE Pharmacy Home Delivery. Smoking-cessation medications are not covered when purchased at retail pharmacies. Covered smoking-cessation medications are available in the United States for all TRICARE beneficiaries age 18 and older (who are not eligible for Medicare).



Additionally, smoking-cessation counseling is covered for all TRICARE beneficiaries age 18 and older who are not Medicare-eligible and who reside and receive counseling in one of the 50 United States or the District of Columbia. Counseling sessions must be conducted by a TRICARE-authorized provider. Visit www.tricare.mil/quittobacco for more information. ■

Save Money with TRICARE Pharmacy Home Delivery

If you fill prescriptions for maintenance medications at retail pharmacies, you can reduce your out-of-pocket costs by switching to TRICARE Pharmacy Home Delivery. You also can use TRICARE Pharmacy Home Delivery for diabetes supplies such as syringes, needles, test strips and lancets.

For more information, visit the TRICARE Pharmacy Program website at www.express-scripts.com/TRICARE. You may also call the Member Choice Center at 1-877-363-1433 to transfer existing prescriptions to home delivery. ■

TRICARE Standard Health Matters

TRICARE

An Excellent Value

- Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access



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View the *TRICARE Standard Handbook* Online



You can view, download or print the latest version of the *TRICARE Standard Handbook* and other TRICARE products online at the TRICARE SMART site. Visit www.tricare.mil/smart and enter “TRICARE Standard Handbook” into the keywords box to access the handbook. Call your regional contractor’s toll-free number if you would like a printed copy delivered to you by mail.

You can sign up to have the most recent news and information from TRICARE delivered directly to your e-mail inbox. Receive e-mail updates about health, dental and pharmacy benefit changes; the *TRICARE Standard Health Matters Newsletter*; health and disaster alerts; and news about healthy-living tools such as smoking-cessation resources. To sign up, visit www.tricare.mil/subscriptions and provide your e-mail address, then select the topics of interest to you. ■